

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

24738

6142

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City **St. Louis Mo.** (No.)**Sanitarium**

File No.

Registered No.

St. Ward)

2. FULL NAME **Leo G. Eck**(a) Residence, No. **2543 Farrar** St. **13** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **32 yrs. 2 mos. 10 ds.** How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 5, 1901**7. AGE YEARS **32** MONTHS **2** DAYS **10** If LESS than 1 day, hrs. min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Salesman**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Hardware**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Missouri**13. NAME **Charles Eck**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Minneapolis Minnesota**15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT **A Schmiesing** (ADDRESS) **5406 Arsenal**18. BURIAL, CREMATION, OR REMOVAL **Buried in St. Louis Mo.** DATE **July 15, 1933**19. UNDERTAKER **John A. Fleckman** (ADDRESS) **5107 Durant**20. FILED **JUL 14 1933** 19. **97 Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 14, 1933**22. I HEREBY CERTIFY, That I attended deceased from **Sept. 15, 1931, to July 14, 1933**I last saw him alive on **July 14, 1933** Death is saidto have occurred on the date stated above, at **12:30 p.m.**

The principal cause of death and related causes of importance were as follows:

Date of onset

Broncho - Pneumonia 7/10/33**107A**Other contributory causes of importance: **107A**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) **Edward A. Schmiesing**, M. D.(Address) **5406 Arsenal**

Gentleman